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U.S. Department of Commerce
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TRANSMITTAL FORM

(to be used for all correspondence during pendency of filed application)

		Application Number	10/074,150
		Filing Date	February 11, 2002
		First Named Inventor	Reuel W. Nash
		Group Art Unit Number	2676
		Examiner Name	Allen E. Quillen
Total Number of Pages in This Submission	13	Attorney Docket Number	22278-05791

ENCLOSURES (check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)
<input type="checkbox"/> Check Enclosed | <input type="checkbox"/> Issue Fee Transmittal |
| <input checked="" type="checkbox"/> Return Receipt Postcard | <input type="checkbox"/> Letter to Chief Draftsperson |
| <input type="checkbox"/> Response to Notice to File Missing Parts | <input type="checkbox"/> Formal Drawing(s):
[] Sheet(s) of Figure(s) [] |
| <input type="checkbox"/> Assignment & Recordation Cover Sheet | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Declaration | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
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| <input type="checkbox"/> Application Data Sheet | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A
<input type="checkbox"/> Copies of IDS Cited References | <input checked="" type="checkbox"/> Declaration of Reuel W. Nash Under 37 C.F.R. § 1.131 |
| <input type="checkbox"/> Request for Corrected Filing Receipt | <input type="checkbox"/> |
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MAR 11 2004

Technology Center 2600

REMARKS:

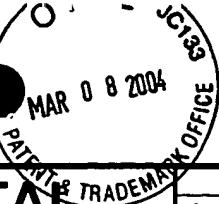
SIGNATURE OF ATTORNEY OR AGENT

Signature:	
Attorney/Reg. No.:	Robert A. Hulse, Reg. No. 48,473
Dated:	March 2, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

Signature:	
Typed or Printed Name:	Robert A. Hulse
Express Mail Mailing Number (optional):	
Dated:	March 2, 2004



FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 210.00)

Complete if Known	
Application Number	10/074,150
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First Named Inventor	Reuel W. Nash
Examiner Name	Allen E. Quillen
Art Unit	2676
Attorney Docket No.	22278-05791

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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number **19-2555**

Deposit Account Name **Fenwick & West LLP**

The Commissioner is authorized to: (check all that apply)
 Charge fee(s) indicated below Credit any overpayments

Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application

Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)				
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)		0.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims		-20** =	X	=
Independent Claims		-3** =	X	=
Multiple Dependent				
Large Entity	Small Entity			
Fee	Fee	Fee	Fee	Fee Description
Code (\$)	Code (\$)			
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)		0.00

*or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid	
Fee Code (\$)	Fee Code (\$)	Fee	Fee	
1051	130	2051	65	
1052	50	2052	25	
1053	130	1053	130	
1812	2,520	1812	2,520	
1804	920*	1804	920*	
1805	1,840*	1805	1,840*	
1251	110	2251	55	
1252	420	2252	210	
1253	950	2253	475	
1254	1,480	2254	740	
1255	2,010	2255	1,005	
1401	330	2401	165	
1402	330	2402	165	
1403	290	2403	145	
1451	1,510	1451	1,510	
1452	110	2452	55	
1453	1,330	2453	665	
1501	1,330	2501	665	
1502	480	2502	240	
1503	640	2503	320	
1460	130	1460	130	
1807	50	1807	50	
1806	180	1806	180	
8021	40	8021	40	
1809	770	2809	385	
1810	770	2810	385	
1801	770	2801	385	
1802	900	1802	900	
Other fee (specify) _____				
SUBTOTAL (3)		(\$)		210.00

*Reduced by Basic Filing Fee Paid

Complete (if applicable)

Name (Print/Type)	Robert A. Hulse	Registration No. (Attorney/Agent)	48,473	Telephone (415) 875-2444
Signature		Date	March 2, 2004	